

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 3317	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name CARLO SIMONE III P O Box Bldg Room No if any Street 410-24 NORTH 8TH STREET City PHILADELPHIA State Pennsylvania ZIP Code + 4 19123	4 Name file number and address of labor organization Name PACE LOCAL 2-286 Labor Organization File Number 013-014 P O Box Building and Room Number if any Street 410-24 NORTH 8TH STREET City PHILADELPHIA State Pennsylvania ZIP Code + 4 19123
5 Position in labor organization PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name CARDINAL HEALTH Trade Name if any P O Box Bldg Room No if any Street 3001 RED LION ROAD City PHILADELPHIA State Pennsylvania ZIP Code + 4 19114	7 a Nature of Interest Transaction or Income CARDINAL HEALTH IS AN EMPLOYER PARTY TO A COLLECTIVE BARGAINING AGREEMENT WITH PACE LOCAL 2-286 CARDINAL HEALTH PAID FOR A LUNCH MEETING WHICH INCLUDED CARLO SIMONE III ON 8/10/2004 TO DISCUSS UNION/EMPLOYER BUSINESS 7 b Amount \$46

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed	On 8/15/2005 Date	215-829-9212 Telephone Number

Name of Person Filing CARLO SIMONE III	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name SPEAR WILDERMAN, BORISH ENDY SPEAR & RUNC Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 230 SOUTH BROAD STREET, SUITE 1500 City PHILADLEPHIA State Pennsylvania ZIP Code + 4 19102	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;">COUNSEL TO PACE LOCAL 2-286</div> 11 b Approximate dollar value of such dealing <input style="width: 100px;" type="text" value="\$5 040"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;">CARLO SIMONE, III WAS PRESENT AT A LUNCH MEETING TO DISCUSS UNION BUSINESS ON 3/9/2004 THAT WAS PAID FOR BY THE LAW FIRM OF SPEAR WILDERMAN, ET AL</div> 12 b Amount <input style="width: 100px;" type="text" value="\$30"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div> 14 b Amount of payment <input style="width: 100px;" type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing CARLO SIMONE, III	File Number U
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Part A Continuation Page

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text" value="ROOSEVELT PAPER COMPANY"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="ONE ROOSEVELT DRIVE"/></p> <p>City <input type="text" value="MT LAUREL"/></p> <p>State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08054-6312"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <div style="border: 1px solid black; padding: 5px;"> <p>ROOSEVELT IS AN EMPLOYER PARTY TO A COLLECTIVE BARGAINING AGREEMENT WITH PACE LOCAL 2-286 ROOSEVELT ESTIMATES 3 OR 4 OCCASSIONS WHERE IT PROVIDED LUNCH TO DISCUSS UNION/EMPLOYER BUSINESS AND CARLO SIMONE III WAS PRESENT</p> </div> <p>7 b Amount</p> <div style="border: 1px solid black; width: 150px; margin-left: auto; text-align: right;">\$125</div>

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <div style="border: 1px solid black; height: 80px;"></div> <p>7 b Amount</p> <div style="border: 1px solid black; width: 150px; margin-left: auto;"></div>

<p>A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <div style="border: 1px solid black; height: 80px;"></div> <p>7 b Amount</p> <div style="border: 1px solid black; width: 150px; margin-left: auto;"></div>

Name of Person Filing CARLO SIMONE III	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name INDEPENDENCE BLUE CROSS Trade Name if any P O Box Bldg Room No if any Street 1901 Market Street City PHILADELPHIA State Pennsylvania ZIP Code + 4 19103-1480	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name PACE LOCAL 2-286 WELFARE FUND Trade Name if any P O Box Bldg Room No if any Street 410-24 NORTH 8TH STREET City PHILADELPHIA State Pennsylvania ZIP Code + 4 19123	11 a Nature of such dealing INDEPENDENCE BLUE CROSS IS THE MEDICAL PROVIDER TO THE WELFARE FUND UNDER AN INSURANCE PREMIUM CONTRACT 11 b Approximate dollar value of such dealing \$13 795 000 12 a Nature of interest held or income received INDEPENDENCE BLUE CROSS PROVIDED TICKETS TO SPORTING EVENTS ON 1/11/04 (\$150) 5/19/04 (\$190), 8/20/04 (\$250), AND 3/24/04 (\$435) 12 b Amount \$1,025

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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>PACE LOCAL 2-286 SEVERANCE/401(k) FUND</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>410-24 NORTH 8TH STREET</u> City <u>PHILADELPHIA</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19123</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	11 a Nature of such dealing <u>RELATED EMPLOYEE BENEFIT FUND</u> 11 b Approximate dollar value of such dealing <u></u> 12 a Nature of interest held or income received <u>THE SEVERANCE/401(K) FUND PROVIDED LUNCH FOR THE FUND S TRUSTEES TO DISCUSS FUND BUSINESS ON 7/14/2004</u> 12 b Amount <u>\$50</u>

Name of Person Filing CARLO SIMONE III

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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name PACE LOCAL 2-286 LEGAL SERVICES FUND

Trade Name if any

P O Box Bldg Room No if any

Street 410-24 NORTH 8TH STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19123

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

RELATED EMPLOYEE BENEFIT FUND

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

THE FUND PROVIDED LUNCH TO THE FUND S TRUSTEES TO DISCUSS FUND BUSINESS ON 7/14/2004

12 b Amount

\$50

Name of Person Filing CARLO SIMONE TII	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name PAUL S BUILDING MAINTENANCE Trade Name if any P O Box Bldg Room No if any Street 1800 JFK BOULEVARD, SUITE 300 City PHILADELPHIA State Pennsylvania ZIP Code + 4 19103	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing BUILDING MAINTENANCE SERVICE 11 b Approximate dollar value of such dealing \$15 000 12 a Nature of interest held or income received PAUL S BUILDING MAINTENANCE PROVIDED A GIFT CERTIFICATE DURING THE HOLIDAYS 12 b Amount \$100